

ANNUAL REPORT  
1995

Division of Corporations  
Secretary of State

95 APR 25 AM 9:18

DOCUMENT # 726970 (7)

1. Corporation Name  
MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #8, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
900 NE 12TH AVENUE, #502 HALLANDALE FL 33009	900 NE 12TH AVENUE, #502 HALLANDALE FL 33009

3. Date Incorporated or Qualified 07/16/1973	3a. Date of Last Report 04/29/1994
4. FEI Number 59-1511802	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

BUSSOLA, RALPH  
900 N.E. 12TH AVENUE, #502  
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	\$
NAME	ELKIN, BETTY
STREET ADDRESS	900 NE 12TH AVE
CITY-ST-ZIP	HALLANDALE, FL 00000
TITLE	T
NAME	POLLACK, EDYTHE
STREET ADDRESS	900 NE 12TH AVE
CITY-ST-ZIP	HALLANDALE, FL 00000
TITLE	D
NAME	CONSER, MARINA
STREET ADDRESS	900 NE 12TH AVE
CITY-ST-ZIP	HALLANDALE, FL 00000
TITLE	PO
NAME	BUSSOLA, RALPH
STREET ADDRESS	900 NE 12TH AVE
CITY-ST-ZIP	HALLANDALE, FL 00000
TITLE	D
NAME	CONSER, WILLIAM
STREET ADDRESS	900 NE 12TH AVE
CITY-ST-ZIP	HALLANDALE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	\$ - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HANNOOD, SANDRA
1.3 STREET ADDRESS	900 NE 12TH AVE
1.4 CITY-ST-ZIP	HALLANDALE, FL 33009
2.1 TITLE	T D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROSENTIAD, MARINA
2.3 STREET ADDRESS	900 NE 12TH AVE
2.4 CITY-ST-ZIP	HALLANDALE, FL 33009
3.1 TITLE	VP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MALAYA, SYLVIA
3.3 STREET ADDRESS	900 NE 12TH AVE
3.4 CITY-ST-ZIP	HALLANDALE FL 33009
4.1 TITLE	PO <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Conser William B
4.3 STREET ADDRESS	900 NE 12TH AVE
4.4 CITY-ST-ZIP	HALLANDALE FL 33009
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William B. Conser William B. Conser 4/2/95 (905) 456-6517